

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

08/802 472

FILING DATE

2/18/97

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			IND.		DEP.			IND.		DEP.			IND.		DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.		IND.	DEP.		
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47							97														
48							98														
49							99														
50							100														
TOTAL IND.			5				TOTAL IND.	9													
TOTAL DEP.			91				TOTAL DEP.	177													
TOTAL CLAIMS			96				TOTAL CLAIMS	186													